



ADVISORY BOARD OF ATHLETIC TRAINERS

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1100 West 49th Street
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Kaye Cosby
John W. Harvey
Natalie Steadman
Michael K. "Spanky" Stephens
Paul T. Zeek

ATTENTION ATHLETIC TRAINER LICENSE APPLICANTS

This is your application packet for a Texas athletic trainer license. Please review all materials carefully. Call or e-mail the board office if you have any questions about application procedures. Your packet contains the following information:

- C **Application Deadlines for Athletic Trainer Licensure Examinations**
This page shows deadline dates for licensure examinations and how to obtain application packets and information.
- C **Fee Schedule**
This schedule describes the board's fee structure and policy.
- C **Steps to Licensure as an Athletic Trainer**
This flow chart depicts the licensure process from time of application to license issuance.
- C **Athletic Training Reference List**
All examination questions come from the sources in this bibliography.
- C **Application for License - Athletic Trainer**
This form consists of five stapled pages. All applicants must complete the first four pages, attach a photograph, and sign the form before a notary public. This form must be submitted with the required fee and supporting documentation to the P.O. Box shown **on the form**. Applicants who need accommodations under the Americans with Disabilities Act for the licensure examination must complete the last page *Request for Disability Accommodation*.
- C **Apprenticeship Record**
Applicants qualifying under Method A (see Application for License, page 2) must have this form completed by their supervising athletic trainer.
- C **Apprenticeship Record - Affiliated Setting**
Applicants qualifying under Method A (see Application for License, page 2) must have this form completed by their supervising athletic trainer and affiliated setting supervisor if they are using hours from an affiliated setting.
- C **Verification of Out-of-State License**
Applicants who hold a license, certificate, or registration issued by another state, jurisdiction, or territory of the United States to engage in a health-related occupation must send this form to the state regulatory agency that issued the credential and request that it be completed and returned to the board office.
- C **Texas Civil Statutes, Article 4512d (the Athletic Trainers Act)**
General Guidelines and Requirements (Board Rules)
All applicants are required to attest before a notary public that they have read, understand, and agree to abide by the law and the rules that govern the practice of athletic training in Texas. You are encouraged to pay special attention to rule sections 313.3 (Fees), 313.5 (Qualifications), 313.6 (Student Trainer Activities), 313.7 (Examination for Licensure), 313.9 (Temporary License), and 313.15 (Guidelines for Conduct.)

FEE SCHEDULE

Fees may be paid by check or money order made payable to Texas Department of Health.
Fee payments should be accompanied by the payment form or coupon and mailed to:

Advisory Board of Athletic Trainers
Texas Department of Health
P. O. Box 12197
Austin, Texas 78711-2197

APPLICATION FEE	Required at time of application \$60.00
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EXAMINATION FEE	Required after your application is reviewed and after you have received your exam approval letter:
\$100.00	First-time exam candidates
\$100.00	Retest - both examinations
\$ 50.00	Retest - written examination
\$ 50.00	Retest - oral/practical examination

TEMPORARY LICENSE FEE	Required after your application is reviewed and after you have received your FEE temporary license approval letter: \$100.00 Temporary license
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INITIAL LICENSE FEE	Required after you have been notified that you have passed both examinations: \$50.00 Initial license
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DUPLICATE LICENSE FEE	Request a duplicate license form if your license becomes damaged, lost, or destroyed. You must return the original license or explain in writing why that is impossible. \$20.00 Duplicate license
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LICENSE RENEWAL FEE	Your renewal application will be mailed every year to your last known address approximately 6 weeks prior to the license expiration date. Failure to timely renew the license will result in late fees (see below) or the deletion of the license. \$75.00 Annual license renewal
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LATE RENEWAL FEES	\$100.00 Renewal postmarked during the first 90 days after license expiration. \$125.00 Renewal postmarked more than 90 days but less than one year after license expiration. \$165.00 Renewal postmarked more than one year but less than two years after license expiration.
NOTE: A license expired more than two years is not renewable. The person must reapply, meet current licensing requirements, and retake the licensing examination in order to receive a license.	

This fee schedule is not intended to be an inclusive listing of all fees that the board may statutorily collect. Fee rates are set by the Advisory Board of Athletic Trainers as authorized by law in amounts necessary to cover the costs of administering the program and are not mandated by the Texas Legislature.



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EXAMINATION REFERENCE LIST

The Advisory Board of Athletic Trainers does not provide study guides for the state licensure examinations. Questions on the Texas Athletic Trainer Written Examination and the Texas Athletic Trainer Oral/Practical Examination are drawn from the sources on this list.

American Academy of Orthopedic Surgeons, *Athletic Training and Sports Medicine*
AAOS
222 South Prospect Avenue
Park Ridge IL 60068
ISBN: 0-89203-044-5

Anderson MK, Hall SJ, *Sports Injury Management*
Williams and Wilkins
Rose Tree Corporate Center
1400 North Providence Rd., Suite 5025
Media PA 19063-2043
ISBN: 0-683-00175-2

Arnheim DD, Prentice WE, *Principles of Athletic Training*
Mosby Year Book, Inc.
11830 Westline Industrial Drive
St. Louis MO 63146

Clarkson H, Gilewich GB, *Musculoskeletal Assessment; Joint Range of Motion and Manual Muscle Strength*
Williams & Wilkins
428 East Preston Street
Baltimore MD 21202
ISBN: 0-683-01711-X

Heckman, J.D., ed., *Emergency Care and Transportation of the Sick and Injured*
American Academy of Orthopedic Surgeons
222 South Prospect Avenue
Park Ridge IL 60068

Magee DJ, *Orthopedic Physical Assessment*
W.B. Saunders Co.
Harcourt Brace Jovanovich, Inc.
The Curtis Center
Independence Square West
Philadelphia PA 19106
ISBN: 0-7216-4344-2

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Examination Reference List
Advisory Board of Athletic Trainers
Austin, Texas

McArdle WD, Katch FI, Katch VL, *Exercise Physiology; Energy, Nutrition & Human Performance*
Lea & Febiger
200 Chester Field Parkway
Malvern PA 19355-9725
ISBN: 0-8121-1351-9

Michlovitz S, *Thermal Agents in Rehabilitation*
F.A. Davis Company
1915 Arch Street
Philadelphia PA 19103
ISBN: 0-8036-8099-6

Prentice WE, *Rehabilitation Techniques in Sports Medicine*
Mosby Year Book, Inc.
ISBN: 0-8016-7675-4

Ray R, *Management Strategies in Athletic Training*
Human Kinetics Publishers
Box 5076
Champaign IL 61825-5076
ISBN: 0-87322-582-1

Starkey C, *Therapeutic Modalities for Athletic Trainers*
F.A. Davis Company
ISBN: 0-8036-8099-6

Starkey C, Ryan J, *Evaluation of Orthopedic and Athletic Injuries*
F.A. Davis Company
ISBN: 0-8036-0048-8

Thompson CW, Floyd RT, *Manual of Structural Physiology*
Mosby Year Book, Inc.
ISBN: 0-8016-7831-5

TEXAS LAW

Texas Civil Statutes, Article 4512d (the Athletic Trainers Act), effective September 1, 1971*
The Texas licensure law defines *athletic trainer*, establishes the Advisory Board of Athletic Trainers as the regulatory authority for athletic trainers in the state, and prohibits the unlicensed practice of athletic training in Texas.

Texas Administrative Code, Title 25 (Health Services), Chapter 313*
The rules of the Advisory Board of Athletic Trainers (issued under the authority of the Athletic Trainers Act) govern all aspects of licensure and regulation including qualifications for application and examination, license renewal, guidelines for conduct, continuing education, complaints, and disciplinary actions.

PERIODICALS

Journal of Athletic Training. Dallas, National Athletic Trainers Association.
The Physician and Sportsmedicine. New York, McGraw-Hill, Inc.
Journal of Orthopedic and Sports Physical Therapy. Reston VA, American Physical Therapy Association.

*The law and rules are provided in all application packets and may be reviewed and downloaded at the board's home page (address on page 1 of this reference list). The law and rules are also available from the board office.

Application for License - Athletic Trainer

Advisory Board of Athletic Trainers

Texas Department of Health

Budget ZZ006

Fund 104

Mail this application with fee to:

P.O. Box 12197 Capitol Station

Austin, Texas 78711-2197

(512) 834-6615

(512) 834-6677 Fax

Mail other correspondence (no fees enclosed) to:

1100 West 49th Street

Austin, Texas 78756-3199

(512) 834-6615

(512) 834-6677 Fax

Type or print legibly. All questions must be answered. Failure to do so may result in delays in processing of the application. Use N/A for not applicable. This fully completed application form must be submitted with all required attachments or enclosures. Incomplete applications will not be reviewed and will result in a letter of deficiency to the applicant.

1. **Name of applicant:** _____
Last First Middle or Maiden

2. **Date of birth:** _____

3. **Social security number:** _____

4. **Preferred mailing address:** _____
Street Address or P.O. Box Suite or Apartment number

City State Zip

NOTE: All mail will be sent to the preferred mailing address you list in item 4 without regard to any other address that may appear on this application or on the envelope in which it was mailed. Changes in the preferred mailing address should be reported to the address or telephone number shown above.

5. **Home telephone:** _____ **Business telephone:** _____

E-mail address: _____

6. **Do you possess any professional or occupational licenses, registrations, or certificates issued by any state?**
_____ YES _____ NO If YES, send the form *Verification of Out-of-State License* to the agency that issued the credential and request that it be completed and returned to the board.
If YES, state profession or occupation; license, certificate, registration, or permit number; name and address of the issuing jurisdiction; and date issued:

7. **Have you ever been denied or have you ever surrendered a professional or occupational license, certificate, or registration?** _____
YES _____ NO If YES, provide the date and briefly state the reason(s):

8. **Have you ever had a professional or occupational license, certificate, or registration revoked, cancelled, or suspended?** _____
YES _____ NO If YES, provide the date and briefly state the reason(s):

9. **Have you ever been convicted of a felony or misdemeanor other than juvenile offenses or misdemeanor traffic violations?** _____ YES
_____ NO

Have you ever entered a plea of nolo contendere or entered a plea of guilty for a felony or misdemeanor other than juvenile offenses or misdemeanor traffic violations?

_____ YES _____ NO

If yes to either question, enclose a certified copy of the official indictment, judgement, and disposition, including dates, charges, city and state, and any other pertinent information concerning the misdemeanor or felony.

10. **List all colleges and universities attended.** Attach additional pages if necessary.

Name of institution: _____ Location: _____

Dates attended: _____

Graduation date: _____ Degree granted: _____

Name of institution: _____ Location: _____

Dates attended: _____

Graduation date: _____ Degree granted: _____

11. **Work Experience** Attach additional pages if necessary.

Current employment: _____

Address (include zip code): _____

Telephone: _____ Job Title: _____

Previous employment: _____

Address (include zip code): _____

Telephone: _____ Job Title: _____

12. **Qualification for Athletic Trainer License:** (Check one of the following to indicate how you qualify)

- 9 **Method A** I hold or am within 30 hours of being awarded a baccalaureate degree or post-baccalaureate degree which includes at least three hours of academic credit from each of the following course areas: (1) human anatomy; (2) health, disease, nutrition, fitness, wellness, emergency care or first aid, or drug and alcohol education; (3) kinesiology; (4) human physiology or physiology of exercise; (5) athletic training, sports medicine, or care and prevention of injuries; and (effective September 1, 2000) advanced athletic training, advanced sports medicine, or assessment of injury. In addition, I have completed or am within 500 clock-hours of completion of an apprenticeship program in athletic training (1) that consists of 1800 clock-hours completed in college or university intercollegiate sports programs; (2) is based on the academic calendar; (3) is completed during at least five fall and/or spring semesters; and (4) is completed while enrolled as a student at a college or university for at least 1500 of the 1800 clock-hours.

Have you enclosed transcripts or other documentation (originals, not photocopies) from the registrar that verifies (1) completion of or enrollment in the required courses, (2) enrollment for the required duration of the apprenticeship, and (3) the award of a degree (if it has been awarded)? ☐ YES ☐ NO

Have you enclosed an apprenticeship record form signed by the supervising athletic trainer that verifies either completion of an apprenticeship program or that the program is in progress and at least 1300 clock-hours have been completed to date? ☐ YES ☐ NO

Have you enclosed copies of current CPR and First Aid certification cards? ☐ YES ☐ NO

- 9 **Method B** I hold a baccalaureate or post-baccalaureate degree and a license, certification, or registration to practice athletic training issued by another state; or a baccalaureate or post-baccalaureate degree and current certification by the National Athletic Trainers Association Board of Certification.

Have you enclosed an original transcript(s) that verifies the award of a degree? ☐ YES ☐ NO

Have you submitted the *Verification of Out-of-State License* form to the agency that issued your license, certificate, or registration and asked them to complete and return it to us? ☐ YES ☐ NO

Have you enclosed a copy of your NATA certification card, if certified? ☐ YES ☐ NO

Have you enclosed copies of current CPR and First Aid certification cards? ☐ YES ☐ NO

9 **Method C** I hold a baccalaureate or post-baccalaureate degree or a state issued certificate in physical therapy; or a baccalaureate or post-baccalaureate degree in corrective therapy with at least a minor in physical education or health. I have also completed a three hour basic athletic training course from an accredited college or university. In addition, I have completed an apprenticeship program in athletic training that meets the requirements listed in Section 313.5(b)(2)(B) of the board's rules.

Have you enclosed a transcript(s) or certificate(s) that verifies the required credentials? ☐ YES ☐ NO

Have you enclosed the apprenticeship record form signed by the supervising athletic trainer that verifies completion of the apprenticeship program? ☐ YES ☐ NO

Have you enclosed copies of current CPR and First Aid certification cards? ☐ YES ☐ NO

13. **Fees**

The application fee is \$60.00. It must be submitted with this application to the P.O. Box shown on page 1. After you are approved for examination, an examination fee notice will be mailed. The notice will include the amount of the examination fee due and the postmark deadline for submitting the fee. The examination fee is \$100 (\$50 for the written examination and \$50 for the oral/practical examination) for first-time

14. **Temporary License**

Are you applying for a temporary license? ☐ YES ☐ NO

A temporary license may be issued to an individual who meets the requirements for a regular license. When issued, a temporary license entitles an applicant to perform the activities of an athletic trainer until the results of the first examination which the applicant is eligible to take are released. A temporary license shall not be renewed. The temporary license of an applicant who fails an examination administered by the board shall be voided and the applicant shall not be eligible for another temporary license.

PLEASE READ CAREFULLY

In making application to the Advisory Board of Athletic Trainers for the issuance of a license or a temporary license, I have read and agree to abide by the Athletic Trainers Act and the rules of the Advisory Board of Athletic Trainers. I agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Guidelines for Conduct (25 TAC §313.15). I further understand that the materials submitted for consideration become the property of the Board and are nonreturnable. I am aware of the schedule of fees (25 TAC §313.3) and understand that additional fees must be paid prior to the issuance of a license and to keep the license current.

I agree to hold the Advisory Board of Athletic Trainers, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, the failure of the Board to issue me a license and any other aspect of licensing. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the license and license identification card to the Board. The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license or temporary license, or the revocation of my license. The disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302. Social Security numbers that are listed will be used for identification purposes and are confidential except as to the child support enforcement division of the Office of the Attorney General.

Date

Signature of Applicant

THE STATE OF _____)

COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 19____

Signature of Notary

Notary Public in and for _____ County, Texas or _____

(Seal)

FOR OFFICE USE ONLY	
Name: _____	Lic/App# _____

PHOTOGRAPH SUBMISSION

All applicants for licensure must complete this page.

- 1. Attach a full-faced, black-and-white photograph (minimum size 1 1/2" X 1 1/2") of applicant's head and shoulders only. Use tape to secure photograph to page.
- 2. This photograph will be used in connection with your application for licensure or registration and for the purposes of complaint or violation investigation(s). It will not be made available to any person who grades your examination nor to any person who makes any decision concerning your employment.
- 3. Photograph must have been taken within the two-year period prior to application.
- 4. Cutouts, newspaper or magazine clippings, photocopies, etc. will not be accepted.
- 5. **Sign the photograph on the backside.** Sign and date this page as indicated.
- 6. Failure to follow these instructions will result in a deficiency notice and no action will be taken on your file until the deficiency is resolved.

**Attach Signed
Full-Face
Photograph

H E R E

Must be at least
1 1/2" x 1 1/2"**

Signature: _____

Social Security Number: _____

Date: _____

ADVISORY BOARD OF ATHLETIC TRAINERS

Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3183
(512) 834-6615
(512) 834-6677 Fax

APPRENTICESHIP RECORD

TO BE COMPLETED BY SUPERVISING ATHLETIC TRAINER

Applicants qualifying under Method A (see application page 2) must submit proof of completion of an apprenticeship in athletic training meeting the following guidelines: The program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed trainer. The apprenticeship must be a minimum of 1800 clock hours. It must be based on the academic calendar and must be completed during at least five fall and/or spring semesters. Hours in the classroom do not count toward apprenticeship hours. 1500 clock hours of the apprenticeship shall be fulfilled while enrolled as a student at a college or university. The hours must be completed in college or university intercollegiate sports programs, except that 600 clock hours of the 1800 clock hours may be completed at an affiliated setting. Use the form *Apprenticeship Record - Affiliated Setting* to document hours earned at an affiliated setting. If the applicant worked for more than one supervising athletic trainer, make a copy of this form and have each supervising athletic trainer sign the apprenticeship verification section.

APPRENTICESHIP RECORD FOR: _____
Name of Applicant

COLLEGE OR UNIVERSITY: _____

Report hours in college or university intercollegiate sports programs by semester:

Semester Begin Date	Semester End Date	Sports Worked	TOTAL CLOCK HOURS

APPRENTICESHIP VERIFICATION:

I hereby certify that the applicant named above worked under my direct supervision as a student athletic trainer. I certify that the apprenticeship meets the requirements listed above.

Signature of Supervising Athletic Trainer

Date

Printed Name and Job Title

Telephone

Address

City, State, Zip

Texas License Number

If out-of-state, State License number or NATABOC Certification Number

ADVISORY BOARD OF ATHLETIC TRAINERS

Texas Department of Health
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APPRENTICESHIP RECORD - AFFILIATED SETTING

Use this form to document apprenticeship hours earned at an affiliated setting. If the applicant earned hours at more than one affiliated setting, make copies of this form and submit a separate form for each setting.

Applicants qualifying under Method A (see application page 2) must submit proof of completion of an apprenticeship in athletic training meeting the following guidelines: The program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed trainer. The apprenticeship must be a minimum of 1800 clock hours. It must be based on the academic calendar and must be completed during at least five fall and/or spring semesters. Hours in the classroom do not count toward apprenticeship hours. 1500 clock hours of the apprenticeship shall be fulfilled while enrolled as a student at a college or university. The hours must be completed in college or university intercollegiate sports programs, except that 600 clock hours of the 1800 clock hours may be completed at an affiliated setting (such as clinical, secondary school, or professional.) No more than 300 clock hours may be earned at one affiliated setting. **All hours earned at affiliated settings must be under the direct supervision of a licensed athletic trainer, licensed physical therapist, or licensed physician.**

AFFILIATED SETTING RECORD FOR: _____
Name of Applicant

AFFILIATED SETTING: _____
Name and location

DESCRIBE WORK PERFORMED	FROM	TO	TOTAL CLOCK HOURS

AFFILIATED SETTING VERIFICATION:

I certify that the applicant named above worked under my supervision as a student athletic trainer.

Signature of Supervisor at Affiliated Setting

Date

Printed Name, Job Title, and License Number

Telephone

Address

City, State, Zip

SUPERVISING ATHLETIC TRAINER VERIFICATION:

I certify that I approved or arranged this affiliated setting for the student athletic trainer named above.

Signature of Supervising Athletic Trainer

Address

Date

City, State, Zip

Request for Disability Accommodation

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete this form along with the application. **In addition, please attach a statement on letterhead stationery from a professional who is familiar with your disability.** This statement must describe the disability for which you require accommodation.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is yes, please specify.

Disability _____

2. Have you had any prior accommodations for your disability in an examination setting? If you answer “yes”, specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability	Type of Test Accommodation
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3. If you have NOT had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who knows your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability	Type of Test Accommodation
------------	----------------------------

Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form. **Be sure to submit a statement on letterhead stationery from a professional who is familiar with your disability.**

Signature (Applicant)

Date

Signature (Professional)

Date

ADVISORY BOARD OF ATHLETIC TRAINERS

Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3183
(512) 834-6615
(512) 834-6677 Fax

VERIFICATION OF OUT-OF-STATE LICENSE

If you hold or ever held a license, certificate, or registration issued by another state, jurisdiction, or territory of the United States to engage in a health-related occupation, send this form to the state regulatory agency that issued the credential. Request that the form be completed and returned to the address shown above.

NOTE: This form is only for credentials issued by state regulatory authorities.
Do NOT send this form to the National Athletic Trainers Association.

Name: _____

License Number: _____

Profession: _____

Date Issued: _____

Current **9** Not Current **9**

If not current, briefly explain why: _____

License issued on the basis of: _____

Has the licensee ever been reprimanded, sanctioned, or formally disciplined? YES **9** NO **9**

Description and Date of action: _____

Reason for action: _____

I certify that this information is correct to the best of my knowledge. Based on the records available to me, the licensee was competent to practice while licensed in this state.

(Seal)

Name of Agency

Address

City, State, Zip

Signature and Title